

## **Application Data Sheet**

### **Application Information**

Application number::	Unassigned
Filing Date::	March 10, 2004
Application Type::	Utility
Subject Matter::	
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Liquid Tissue Preparation From Histopathologically Processed Biological Samples, Tissues and Cells
Attorney Docket Number::	40970-0002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contractor Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Michael
Middle Name::	R.
Family Name::	Emmert-Buck
Name Suffix::	
City of Residence::	Philadelphia
State or Province of Residence::	PA
Country of Residence::	United States
Street of mailing address::	625 W. Sedgwick Street
City of mailing address::	Philadelphia
State or Province of mailing address::	PA
Country of mailing address::	United States
Postal or Zip Code of mailing address::	19119

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Marlene
Middle Name::	M.
Family Name::	Darfler
Name Suffix::	
City of Residence::	Derwood
State or Province of Residence::	MD
Country of Residence::	United States
Street of mailing address::	7000 Needwood Road
City of mailing address::	Derwood
State or Province of mailing address::	MD
Country of mailing address::	United States
Postal or Zip Code of mailing address::	20855

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	David
Middle Name::	B.
Family Name::	Krizman
Name Suffix::	
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	United States
Street of mailing address::	24305 Welsh Road
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Country of mailing address::	United States
Postal or Zip Code of mailing address::	20882

## Correspondence Information

Correspondence Customer Number:: 26633  
Name:: Heller Ehrman White & McAuliffe  
Street of mailing address:: 1666 K Street, N.W.  
Suite 300  
City of mailing address:: Washington  
State or Province of mailing address:: D.C.  
Country of mailing address:: U.S.  
Postal or Zip Code of mailing address:: 20006  
Phone number:: 202-912-2000  
  
Fax Number: 202-912-2020  
  
E-Mail address:: pbooth@hewm.com

## Representative Information

Representative Customer Number::	26633	
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- OR -

Representative Designation::	Registration Number::	Representative Name::

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Provisional		60/452,956	March 10, 2003